## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number 09/542189

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
FOR		NUMBE	NUMBER FILED '		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE					- "	ŀ	PAIE	345.00	OR		690.00
TO	TAL CLAIMS	30	minus 20	- 10	?	ı	X\$ 9=		OR	X\$18=	180
IND	EPENDENT CL	AIMS 5	minus 3 = ! 2			İ	X39=		OR	X78=	154
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	1
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	·	OR	TOTAL	1026
CLAIMS AS AMENDED - PART II							CMALL	FAITITY	•	OTHER SMALL	
(Column 1) (Column 2) (Column 3)								ENTITY	OR	SWALL	
AMENDMENT A		-REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 31	Minus	• 30	<b>=</b> .		_X\$_9=_		ΩR	X\$18=	7
	Independent,	45	Minus	***- 5-		_3			OR OR	X78=	1
Н	FIRST PHESE	NTATION OF M	JULIPLE DEPE	INDENT CLAIM			+130=	\	OR	+260=	
١.	(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE		OR-	TOTAL ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 34	Minus	. 31	- 3		X\$ 9=		OR	50° X\$18=	150,00
	Independent	٠ ٧	Minus	4	=	ı	X39=		OR	<del>Ζ</del> οο, • <b>Χ<del>78</del>=</b>	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPE	NDENT CLAIM			400			.000	
						ı	+130=		OR	+260=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	150
ŀ	•	(Column 1)	•	(Column 2)	(Column 3)						
-AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=		X\$ 9= ·	·	OR	X\$18=	
	Independent	•	Minus	****	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	. 120			1260-	
if the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+130= TOTAL		OR	+260= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-675

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